



PATENT  
ATTORNEY DOCKET NO.: DIVER1280-14

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: William Michael Lafferty Art Unit: 1634  
Application No.: 09/894,956 Examiner: Betty J. Forman  
Filed: June 27, 2001 Conf. No.: 7268  
Title: CAPILLARY ARRAY-BASED SAMPLE SCREENING

MAIL STOP: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO OFFICE ACTION**

Sir:

Responsive to the Final Office Action mailed October 20, 2003, please consider the following remarks and amendments:

Amendments to the Specification begin on page two of this paper.

Amendments to the Claims are reflected in the listing of claims which begin on page three of this paper.

Remarks/Arguments begin on page five of this paper.

CERTIFICATION UNDER 37 CFR §1.8	
I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on this date, January 20, 2004, in an envelope addressed to: Mail Stop: AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22331-1450.	
Margaret M. Hasson Name of Person Mailing Paper	
<i>Margaret M. Hasson</i> Signature	January 20, 2004 Date

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**TRANSMITTAL SHEET**

Sir:

Transmitted herewith for the above-identified application please find:

1. Response to Office Action (12 pages);
2. Return Receipt Postcard.

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I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on this date, January 20, 2004, in an envelope addressed to: Mail Stop: AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22331-1450.	
<p>Margaret M. Hasson Name of Person Mailing Paper</p> <p><i>Margaret M. Hasson</i> Signature</p> <p>January 20, 2004 Date</p>	

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Applicant(s) claim **SMALL ENTITY** status in the above-identified application.

The Fee for this Response is calculated as follows:

For	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims	Small Entity Rate	Large Entity Rate	Calculations
Total Claims	11	43	0	x \$09	x \$18	\$ .00
Independent Claims	1	9	0	x \$43	x \$86	\$ .00
Multiple Claims				\$145	\$290	\$ .00
Basic Filing Fee				\$385	\$770	\$ .00
					TOTAL FEE	\$ .00

No fee is believed due in connection with this Response to Office Action. The Commissioner is hereby authorized to charge any other required fees associated with the filing submitted herewith, or credit any overpayments to Deposit Account No. 50-1355. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Lisa A. Haile, J.D., Ph.D.  
Registration No.: 38,347  
Telephone: (858) 677-1456  
Facsimile: (858) 677-1465

Date: January 20, 2004

**USPTO CUSTOMER NUMBER 28213**  
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